



General Services

PRINT SHOP

Printing Request Form

☐ Rush Job

PRINT SHOP USE ONLY

Job # _____

Press Date Completed _____ / _____ Initial _____

Job Received in Good Order by _____ on _____

Date:	Date Required:	Agency Name:	
Name		Phone Number	Fax Number
Address:		IDT Billing Number	
Description:		<input type="checkbox"/> Sample Attached <input type="checkbox"/> Exact Reprint Previous Printing Job # _____	



PRINTING INSTRUCTIONS

Number of pages: _____
(2 sided original counts as 2 original copies)

Quantity: _____

Finished in:

☐ Sheets ☐ Sets☐ Books ☐ Pads☐ Other _____

Ink Color(s) on Cover _____

Ink Color(s) on inside text _____

Flat Size: _____

☐ Prints 1 side☐ Prints 2 sides☐ Head to head ☐ Head to foot

BINDERY

Finished Size _____ x _____

☐ Collate☐ Fold☐ Letter fold ☐ In half☐ Accordion ☐ In half & half again☐ Other _____☐ 3-Hole drill ☐ Tape Binding☐ GBC ☐ Pad _____ per pad☐ Coil Binding☐ Stitching☐ Top left ☐ Left side, 2 staples☐ Saddle Stitch☐ Other _____☐ Cutting ☐ Lamination☐ Numbering # _____ thru # _____☐ Mailing ☐ Plastic Wrap

DELIVERY INSTRUCTIONS

☐ Customer to Pick Up☐ Print Shop to Deliver (address required)

Delivery to: _____

STOCK

☐ White, #20☐ Color, 20#☐ Color, _____ #☐ Gilbert☐ White w/ State Seal☐ Index #90 or #110☐ Special order: _____

Envelopes

☐ #10 w/ State Seal☐ #10 Regular☐ #10 Window☐ #6☐ Special order: _____

Chipboard

☐ 8.5 x 11☐ 8.5 x 14

NCR	2-part	3-part	4-part	5-part	6-part
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8.5 x 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8.5 x 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL INFORMATION: _____

Signature indicates authorization to expend funds

FOR PRINT SHOP ACCOUNTING USE ONLY

Est: _____ Date: _____

ACTUAL COST: \$ _____